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## BIB DATA SHEET

CONFIRMATION NO. 3074

<b>SERIAL NUMBER</b> 10/676,814	<b>FILING or 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 161,700-088	
<b>APPLICANTS</b> Denise R. Barbut, New York, NY; <b>** CONTINUING DATA *****</b> This application is a CON of 09/909,642 07/20/2001 PAT 6,626,886 which is a CON of 09/687,150 10/12/2000 PAT 6,623,471 which is a CON of 09/287,252 04/07/1999 PAT 6,146,370 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/19/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /THEODORE J STIGELL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> O'Melveny & Myers LLP IP&T Calendar Department LA-1118 400 South Hope Street Los Angeles, CA 90071-2899 UNITED STATES					
<b>TITLE</b> Devices and methods for preventing distal embolization during interventional procedures					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		